



WASHINGTON COUNTY HEALTH DEPARTMENT

13332 PENNSYLVANIA AVENUE • HAGERSTOWN, MD 21742

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ENVIRONMENTAL HEALTH - COMPLAINT INVESTIGATION

Printed Name: _____

Signature: _____ Today's Date: _____

Daytime Phone: _____

Type of Complaint (check each category as applicable)

Animals	Water Quality	Septic System	Housing / Property	Food Facilities/Restaurant
<input type="checkbox"/> Land Application <input type="checkbox"/> Manure <input type="checkbox"/> Odors	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Stream Pollution <input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Visible Failure <input type="checkbox"/> Non-Functioning <input type="checkbox"/> Other	<input type="checkbox"/> Garbage / Trash <input type="checkbox"/> Water <input type="checkbox"/> Sewage	<input type="checkbox"/> Foodborne Illness <input type="checkbox"/> Insect/Rodent infestation <input type="checkbox"/> Sanitary Conditions

☐ Other (please describe):

Name/Location of Complaint:

Description of Complaint: (Be specific as possible. Include dates/times, symptoms, etc.)

(Additional space provided on next page)

Assigned to: _____